

## **Brief note on Kangaroo mother care (KMC) At Nalgonda**

**Titia:** “Feasibility, Safety and Efficacy of Kangaroo Mother Care in a newborn unit, rural setting, Nalgonda, India”

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**Background:** Nalgonda is a small town located in the newly formed backward state of Telangana. Nalgonda is known for poverty, poor drinking water facilities, poor irrigation facilities and high fluoride content in ground water. Nalgonda fluorosis cripples many young adults and most in this district are daily wage laborers.

I, DrYadaiah, am working in the district hospital at Nalgonda for the last 20 years. At this district hospital an average number of 6000 newborns are born per annum now. Having worked here for the last 20 years, I saw many a preterm or LBW infant die due to lack of facility based newborn care, adequate nursing, poor infrastructure, high burden of infections and no respiratory support. The nearest facility for critical newborn care is nearly 150 kms away and takes nearly 3 hours by road. There is and was never any organized transport for newborns in our district.

**Methodology:** Inception of SNCU, a 20 bedded neonatal unit, with 14 staff nurses, 4 medical officers, warmers, phototherapy units, pulsoximeters, infusion and syringe pumps, infrastructure for infection control, feasibility of kangaroo mother care, respiratory support with oxygen and CPAP, have all made a huge change to our perspective of newborn care. We still do not have facility for parenteral nutrition, invasive ventilation or surfactant therapy. However we had an amazing experience of saving and giving an intact survival to many sick newborns especially the preterm and VLBWs. We have innovated many concepts in improving care at our SNCU. One of the innovations is kangaroo ward. We created a kangaroo ward from the corridor adjacent to SNCU. Kangaroo ward has 8 beds, 6 recliner chairs, curtains around the beds, breast pump and a dedicated nurse with lactation consultant. We created audiovisual aids to promote breastfeeding and Kangaroo mother care in our vernacular language. Nearly 600 newborns had the opportunity of KMC in this Kangaroo ward in the last 3 years. Referral rate of preterm infants to our hospital had improved dramatically and we started saving many ELBW infants too. From an existing universal mortality for all VLBWs, we can proudly say nearly 75% of VLBW infants are safely discharged home due to both our SNCU and Kangaroo ward initiatives. Of late we had the opportunity of managing a newborn with a weight as low as 650 grams born at 28 weeks.

In the year before we extended our kangaroo initiative from hospital to home. Encouraging mothers to practice KMC at home, we followed them at home, a week to 2 weeks after discharge from hospital. To our surprise, many a mothers were practicing KMC at home too. We were thrilled to see grandparents and fathers too practicing KMC at home.

At this juncture, we have become so popular in kangaroo care that many of our neighboring units have become envious of us and started doing similar innovations at their centers. To our credit, our SNCU and Kangaroo ward is visited by visionaries in neonatal care such as Dr. Shashivani from Ahemdabad, Dr. Bhutani from Stanford University and Dr. John from Harvard University. Our unit is now a model SNCU and visits of medical officers, staff nurses and programme officers to our unit is almost a daily routine.

We are indebted to the NHM of government of India, government of Telangana, UNICEF and our local managers to promote us in this noble venture. We love to care more for our premature infants.